

The NHS Long Term Plan



Berkshire West

Clinical Commissioning Group

Summary

- * A new model of care for the 21st century
- * Increasing effort on prevention and tackling health inequalities
- * Care quality and outcomes improvement
- * Workforce
- * Technology and the digitally enabled NHS
- * Financial sustainability

21st century service model

AIMS:

- * More joined up and better co-ordinated care
- * More pro active care
- * More differentiated in the support of individuals

ACTIONS:

1. Boost out of hospital care
2. Reduce pressure on emergency hospital services
3. More personalised care
4. Digitally enabled primary and out patient care
5. Focus on population health

Boost out of hospital care



Primary care networks:

- * Network contract – CCGs can add existing enhanced services
- * Single fund, hosted by one practice
- * 70% funding for network workforce e.g. clinical pharmacists, social prescribers, first contact physios, Physician's associates
- * Expanded neighbourhood teams e.g. DN, community geriatrician, dementia care, social care and voluntary care, configured on network foot print as “the required norm”
- * Community hubs for a range of integrated locality services
- * Direct booking from NHS 111
- * Promote self care and self mgt
- * Changes to QOF
- * “Shared savings” scheme
- * Support to care homes

- * Reduce unwarranted variation
- * Use a proactive population health approach to enable early intervention and targeted support
- * Use of technology to support home based monitoring linked to the Personal Health Record
- * Greater recognition and support for carers
- * Improve care to people with dementia

Reduce pressure on emergency hospital services



- * Expand and reform urgent and emergency care services to ensure pts get the care they need fast and relieve pressure on ED
- * Single CAS across 1s, 9s, and GP OOH to navigate pts to the optimal response
- * UTCs by Autumn 2020 – consistent model, appointments via 111, accessible and convenient alternative to ED
- * Ambulance service – national framework to reduce fragmentation of commissioning, eliminate handover delays, paramedics treating pts at home/ community setting
- * SDEC – same day emergency care, 0 LOS from 20% to 33%
- * Clinical Standards Review
- * Pathways for stroke, heart attack, major trauma, severe asthma, sepsis
- * Reduce DTOCs – social work and therapy teams at the front of the pathway, EDD within 14 hours, SAFER pt flow bundle, daily MDT reviews

In Berkshire West

- * Need a shared understanding of how we cut this and an agreed taxonomy:
- * Place = Berkshire West
- * Locality = Reading, West Berkshire and Wokingham
- * PCNs = the current 4 GP Alliances
- * Neighbourhoods = clusters of practices within PCNs
- * PCNs have 3 functions: resilient primary care, pro active care, reducing pressure on hospital services

Personalised Care



- * Genomics
- * Shared decision making, pts as partners
- * Personal Health Budgets
- * Social prescribing
- * Personalised care planning

Digitally enabled care



- * Pts can access advice and care – the NHS App
- * Telephone and video consultations
- * Innovative devices e.g. smart inhalers for remote monitoring
- * Out patient services will be fundamentally redesigned: better support to GPs to avoid referral, online booking, appointments in the community, alternatives to hospital appts.

Focus on Population Health through ICSs

- * Triple integration: primary and specialist care, physical and mental health, health and social care
- * By April 2021 ICSs across the country
- * Will work at “place” with LA partners
- * Shared decisions with providers on use of resources, service design and popn health
- * Single set of commissioning decisions at system level
- * **Typically** a single CCG for each ICS area, leaner, more strategic organisations, support partners to work together to improve population health and implement the LTP

DESIGN OUR NEIGHBOURHOODS

PRIMARY CARE

- Continue to develop PCNs
- Wrap around community, social and voluntary care
- Identify and develop community hubs
- Increase and diversify workforce
- Implement the digital front door
- Make better use of technology
- Stream urgent care and provide on the day appointments

URGENT CARE

- Ambulatory care at the front door
- 24/7 specialist mental health
- Maintain patient flow and trusted assessor models
- Real time predictive operational demand and capacity metrics

PLANNED CARE

- Redesign OPD with 50% of appointments removed from the RBFT site
- Redesign LTC management, using PHM approach, to reduce OPD
- Deliver a new model of MSK services
- Hospital consultants working with primary care and out of community hubs
- Undertake diagnostic modelling and identify what should be available in community hubs

POPULATION HEALTH MANAGEMENT

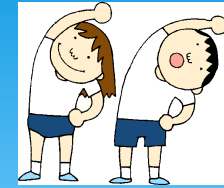
ICSs will have

- * A partnership Board
- * A non exec Chair
- * Clinical and management capacity from across member organisations
- * Engagement of primary care via PCN Clinical Director
- * All partners committed to ICS goals and performance
- * Clinical leadership aligned to the ICS
- * ICS and HWBs will work closely together

Enabling reforms

- * Funding flows and contract reforms
- * New ICS accountability and performance framework
- * ICSs will agree system wide objectives with NHSE/I
- * Support for “blending” health and social care budgets
- * Review of BCF

Prevention and Health Inequalities



PREVENTION

- * Commissioning of sexual health services, health visiting and school nursing
- * Smoking cessation: all smokers admitted to hospital, expectant mums and partners, mental health and LD
- * Obesity: weight mgt services in primary care for Type 2 and BMI 30+, doubling of Diabetes Prevention Programme
- * Healthy NHS premises
- * Nutrition training for Drs
- * Alcohol: specialist Alcohol Care Teams
- * Air pollution – cut business mileage and fleet air pollution
- * Antimicrobial resistance

HEALTH INEQUALITIES

- * Targeted funding
- * Specific measurable goals for reducing health inequalities
- * Improve outcomes for vulnerable mums and babies
- * Support to quit for pregnant smokers
- * Increase physical health checks
- * People with LD and autism lead healthier, happier and longer lives
- * Access to specialist MH support for rough sleepers
- * Identify and support carers – out of hours options for support and contingency planning, top tips for young carers
- * Help for people with gambling problems
- * Commission, partner and champion, voluntary sector
- * Improving access to MH support to keep people in NHS employment